

MAY 18 2009

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FACSIMILE COVER SHEET

TO: Examiner Marcus Riley
Group Art Unit 2625

FROM: Michael K. O'Neill

RE: U.S. Application No. 10/827,255
Atty. Docket No.: 03500.017678

FAX NO.: (571) 273-8300

DATE: May 18, 2009

NO. OF PAGES: 14
(including cover page)

TIME: 3:20

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MESSAGE

Attached is an Amendment in response to the Office Action dated February 18, 2009.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

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Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

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MAY 18 2009

In re Application of:

Docket No. 03500.017678

YUKIYOSHI HIKICHI, et al.

Application No.: 10/827,255

Examiner: M. Riley

Filed: April 20, 2004

Group Art Unit: 2625

For: IMAGE PROCESSING APPARATUS FOR
TREATING RECORDING MEDIUM
PROVIDED WITH RFID CHIP

Date: May 18, 2009

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	=	x \$26 \$52	- 0 -
INDEP. CLAIMS	* 5	MINUS	*** 5	=	x \$110 \$220	- 0 -
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

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May 18, 2009
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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
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- ☐ Charge \$ _____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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